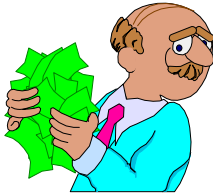




City of Leominster
APPLICATION FOR
SENIOR TAX RELIEF PROGRAM



NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ DATE: _____

SECTION I

Part A: Eligibility Requirements. Please answer all the following questions.

	Yes	No
Over the age of 60	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner or spouse	<input type="checkbox"/>	<input type="checkbox"/>
Leominster Resident	<input type="checkbox"/>	<input type="checkbox"/>
Reside in property for which rebate is requested	<input type="checkbox"/>	<input type="checkbox"/>
Can produce copy of current tax bill	<input type="checkbox"/>	<input type="checkbox"/>
Limited financial resources	<input type="checkbox"/>	<input type="checkbox"/>

Part B: Gross receipts from all sources in preceding calendar year

Yearly Income

Retirement benefits (Social security, Railroad, Federal, Mass. and Political Subdivisions)

Other Pensions and Retirement Allowances _____ \$ _____

Wages, Salaries and Other Compensation _____ \$ _____

Net Profits from Business or Profession _____\$_____

Interest and Dividends _____\$_____

Other Receipts (Rent, Capital Gains, etc.) _____\$_____

TOTALS _____\$_____

Please discuss any unusual expenses that affect ability to meet costs_____

SECTION II

PART A: Job Placement would be available in a variety of town departments , please indicate which areas you would like to work.

City Hall _____	Senior Center _____
Schools _____	Police _____
Library _____	Fire _____
Dept. of Public Works _____	Other _____

PART B: Please discuss past experiences and types of skills which might qualify you as a participant in the program.

PART C: Do you have any medical restrictions, which might keep you from working? Please explain.

If I qualify for the Senior Tax Relief Program, I understand that I may earn a maximum of \$500 which can ONLY be applied to my City of Leominster Property Tax.

Signature_____Date_____

FOR OFFICE USE ONLY

PART D: Disposition of Application

GRANTED _____

DENIED _____

PLACEMENT _____

REASON FOR DENIAL _____

PENDING PLACEMENT LOCATION _____

STAFF SIGNATURE _____

DATE: _____